

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 567495

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1											
3		1											
4		1											
5		1											
6		1											
7		1											
8		1											
9		1											
10		1											
11		1											
12		1											
13		1											
14		1											
15		1											
16		1											
17		1											
18		1											
19		1											
20		1											
21		1											
22		1											
23		1											
24		1											
25		1											
26		1											
27		1											
28		1											
29		1											
30		1											
31		1											
32		1											
33		1											
34		1											
35		1											
36		1											
37		1											
38		1											
39		1											
40		1											
41		1											
42	1												
43	1												
44	1												
45													
46													
47													
48													
49													
50													
TOTAL IND.	4												
TOTAL DEP.	40												
TOTAL CLAIMS	44												

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													
61													
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS	44												